FILED NOV 22 1957

STATE FILE NUMBER **42488**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10936**

S. Health,
& Welfare
S. Public
th Service

S. 300
v. 1–57

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis.** — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **4512 West Pine Blvd.** — Length of stay in 1b **1 mo.**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** — b. COUNTY

c. CITY OR TOWN **St. Louis** — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) **4512 West Pine** — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First **Alice** — Middle **Jule** — Last **Raphael**

4. DATE OF DEATH Month **Nov.** Day **15**, Year **1957**

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH March 19, 1887

9. AGE (In years last birthday) **70** — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Check Room Clerk**

10b. KIND OF BUSINESS OR INDUSTRY **Hotel**

11. BIRTHPLACE (City and state or country) **Grand Island, Nebraska**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Joseph F. Raphael**

13b. MOTHER'S MAIDEN NAME **Maria Louise Whitney**

14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No.** **Nil.**

16. SOCIAL SECURITY NO. **489-10-2297**

17. INFORMANT Address **Mrs. Pete Perrero, 5310 Engelwood.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Chronic Myocarditis** — INTERVAL BETWEEN ONSET AND DEATH **5 yrs**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Contributing cause Arteriosclerosis** — **5 yrs**

DUE TO (c) **and Arthritis** — **5 yrs**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **422.1**

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from **Oct 4 1956**, to **Nov 7 ,57** and last saw her alive on **Nov 7 57**

Death occurred at **6 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **O.D. Meyer, M.D.**

22b. ADDRESS **6029 S. Kingshighway Bl**

22c. DATE SIGNED **Nov 15, 57**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

23b. DATE **11-16-57**

23c. NAME OF CEMETERY OR CREMATORY **Oak Grove Cemetery**

23d. LOCATION (City, town, or county) **St. Louis County, Mo.** (State)

24. FUNERAL DIRECTOR ADDRESS **Albert H. Hoppe 4700 Washington, Blvd.**

25. DATE RECD. BY LOCAL REG. **NOV 15 57**

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ...., Student Embalmer No. ....

working under my personal supervision.

Student ....
Signature of Student Embalmer

Signed ...... *By W Wilkinson*

Licensed Embalmer No. **3575**

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.